Children's Mental Health Bureau
Medicaid Services
Provider Manual

September 19, 2014

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Chapter 1 - Introduction and Overview

Introduction

The previous manual provided by the Children's Mental Health Bureau (CMHB) titled, "Children's Mental Health Bureau Provider Manual and Clinical Guidelines for Utilization Management" dated November 15, 2013 presented providers enrolled in Montana Medicaid detailed instructions for initiating the review and appeals process and guidance regarding clinical guidelines for medical necessity. Due to feedback the Bureau received regarding the difficulty in navigating that document, as well as other problematic issues identified, the Bureau determined it would be pragmatic to create a new manual that was more comprehensive and easier to navigate. As such, this proposed manual titled, "Children's Mental Health Bureau Medicaid Services Provider Manual" (manual), dated September 19, 2014 supersedes the previous CMHB Provider Manual and Clinical Guidelines for Utilization Management.

The majority of the information provided in this manual remains the same as in its predecessor and has been simply been reformatted, however, there are changes that are important to note:

(a) The serious emotional disturbance (SED) definition, diagnostic codes, and criteria have been moved from ARM 37.87.303 and are now in the new manual. The SED definition has not changed as anticipated due to the delay in the ICD-10 conversion implementation.

(b) The Montana Child and Adolescent Needs and Strength (CANS-MT) functional assessment requirements have been added including the required use of the electronic Montana CANS System (MCS) for PRTF, 1915(i), Bridge waiver, and CSCT;

(c) The medical necessity criteria for Acute Hospital services have been rewritten to make them more direct and abbreviated;

(d) In response to a collaborative effort between CMHB and providers of Therapeutic Group Home (TGH) providers, the admission criteria for TGH services has been modified into more applicable medical necessity criteria and the utilization process has been streamlined;

(e) The certificate of need requirement has been removed from Partial Hospital Program and Therapeutic Foster Care - Permanency services because this is not a federal requirement for these services. The certificate of need medical necessity requirements must still be met for Therapeutic Foster Care - Permanency though a CON does not need to be completed;

(f) Clearer discharge requirements and criteria for the coordination of concurrent services are provided;

(g) The appeals process has been amended due to the changes with the Magellan Medicaid Administration contract.

Acute Hospital and Psychiatric Residential Treatment services will continue have the utilization and appeals processes handled by Magellan;

Children's Mental Health Bureau will be managing the utilization and appeals process for Home Support Services, Therapeutic Foster Care, and Therapeutic Group Home services.

Overview

The federal government, through the Centers for Medicare and Medicaid Services (CMS), requires all agencies serving a Medicaid population and receiving Medicaid funds to have a utilization management program in place to monitor a beneficiary's need for a service before payment for the intended service is authorized. The purpose of utilization management is to ensure that requested services are appropriate to address each person's symptoms according to established clinical guidelines. The Department or the Department's designee is responsible for this utilization management. This Children's Mental Health Bureau's (CMHB) Medicaid Services Provider Manual supplies provider information pertaining to the clinical guidelines for medical necessity and detailed instructions for initiating the review and appeals process.

A determination of approval does not guarantee payment, the Medicaid youth must also be determined eligible for the benefit. Payment is subject to the eligibility and applicable benefit provisions of the youth at the time the service was rendered. For information about how to submit claims, please refer to:
http://medicaidprovider.hhs.mt.gov/providerpages/claiminstructions.shtml; or
Provider Relations at: 1.800.624.3958 or (406) 442.1837 Helena only.

All services are subject to retrospective review for appropriateness by the Department or its' designee. A provider should verify the Medicaid eligibility of the youth. Medicaid eligibility can be verified at:
https://mtaccesstohealth.acs-shc.com.

Chapter 2 - CANS-MT, Coordination, Discharge

Montana Child and Adolescent Needs and Strengths (CANS) Functional Assessment

(1) Montana CANS (CANS-MT) means a strengths-based, functional assessment tool developed by Dr. John Lyons that has been specially modified for the particular needs of Montana's children and adolescents. The Montana CANS informs effective treatment decision making via a multi-level, collaborative, problem-solving approach.

(2) The Montana CANS System (MCS) means the electronic, web-based statewide database for collecting, storing and reporting CANS-MT data for use in reporting to state legislators, federal granting agencies, providers, youth and their families, as well as for internal reporting and program monitoring. The electronic MCS was developed for collecting, reporting, and eventual sharing of CANS-MT data to inform actionable treatment planning. In addition, the MCS provides a comprehensive understanding of the children, youth, and families served in the public mental health system.

(3) The following providers must be trained as certified CANS-MT users and administer the CANS-MT functional assessment for youth enrolled in these services:

(a) Psychiatric Residential Treatment Facilities (PRTF);
(b) Providers of 1915(i) and Bridge Waiver services; and
(c) Providers of Comprehensive School and Community-based Treatment Services (CSCT).

(4) CANS MT must be initiated for each youth entering into the services in (3) as of the following:

(a) for all youth entering a PRTF on or after December 31, 2013;

(b) for all youth enrolled to receive CSCT services on or after October 1, 2014; and

(d) for all youth entering the 1915(i) and Bridge Waiver on or after March 1, 2013.

(5) The CANS-MT functional assessment must be initiated for each youth with serious emotional disturbance (SED) enrolled to receive services within fourteen calendar days of the enrollment of the youth or at the next scheduled treatment team meeting upon adoption of this manual and must be:

(a) finalized prior to the completion of the individualized treatment plan for the youth;

(b) updated a minimum of every 90 days while the youth continues to receive services; and

(c) completed upon the discharge of the youth from the program.

(6) Providers in (3) must assign a provider administrator for CANS MT.

(7) The provider must enter the CANS-MT assessment into the MCS.

(8) The provider of 1915(i) or Bridge Waiver services must be the primary treatment provider administering the CANS-MT when a youth is receiving 1915(i) services concurrent with CSCT.

(9) CANS-MT may be used for:

(a) determining the needs and strengths of the youth and communicating these needs and strengths between providers and between different child-serving agencies;

(b) informing actionable treatment planning and decision making;

(c) creating effective mental health treatment practices; and

(d) informing policy development and practice implementation that supports child- and family-centered practice, informed decision-making, data sharing and reporting in the aggregate, and cross-system collaborations.

In accordance with good clinical practice, the CMHB encourages providers to actively involve treatment team members, including parents/legal representatives, in the creating and updating of the CANS-MT assessment. For further information pertaining to CANS-MT and the available training please see the Children's Mental Health Bureau's website at http://www.dphhs.mt.gov/mentalhealth/children/.

Coordination of Services Provided Concurrently

Medicaid services must not be provided to a youth at the same time as another service that is the same in nature and scope regardless of source, including Federal, State, local, and private entities. For habilitation services, the State includes within the record of each youth an explanation that these services do not include special education and related services defined in the Individuals with Disabilities Improvement Act of 2004 that otherwise are available to the youth through a local education agency, or vocational rehabilitation services that otherwise are available to the youth through a program funded under §110 of the Rehabilitation Act of 1973.

A table of services which may NOT be provided concurrently is on page 10.

All providers should be mindful of community based services that are potentially duplicative. To avoid duplication, community based services that are provided concurrently require coordination. Community based services are those services which provide youth the opportunity to be served in their own home or community. The community based services available through the Children's Mental Health Bureau are as follows:

(a) Therapeutic Group Home;
(b) Home Support Services;
(c) Therapeutic Foster Care;
(d) Therapeutic Foster Care-Permanency;
(e) Comprehensive School and Community Treatment;
(f) Day Treatment;
(g) Outpatient therapy;
(h) Community Based Psychiatric Rehabilitation and Support Services; and
(i) Targeted Case Management

(1) Providers must demonstrate and document attempts made for coordination of community based services by:

(a) informing the parent or legal representative at intake of Medicaid's requirement for coordination of community based services and document other services the youth and family are receiving (i.e. asking the parent or legal representative if they are receiving other mental health related services and asking follow up questions to determine which services they may be receiving);

(b) obtaining a Release of Information (ROI) from the parent or legal representative of the youth for all providers identified by the parent or legal representative;

(c) contacting the providers as indicated by the parent or legal representative to initiate coordination;

(d) maintaining a copy of one single coordinated treatment plan in each of the provider's youth files (preferred) or maintaining copies of all treatment plans in effect to illustrate the lack of duplication;

(e) documenting each attempt to make reasonable efforts to coordinate treatment planning.

(2) The provider(s) must identify in the treatment plan(s) the role of each service or provider identified. The treatment plan must clearly state which provider is accountable for the identified goal(s) or objective(s).

(3) A provider must furnish a copy of the agency's treatment plan to the parent or legal representative.

(4) If the youth is receiving targeted case management associated with the mental illness or emotional disturbance of the youth, the case manager must be responsible for the coordination efforts in (1).

Coordination of Outpatient therapy concurrent with Comprehensive School and Community Treatment (CSCT) and Therapeutic Group Home (TGH)

(1) The youth must meet SED criteria specific to the service being provided concurrently with Outpatient therapy and;

(a) The youth or their family must need a specific or specialized Outpatient therapy service in addition to their current services which the TGH or CSCT provider is not certified or trained to provide or the type of therapy is not appropriate for the milieu. **Continuation of an existing therapeutic relationship with the previous outpatient therapist does not constitute a specific clinical need**;

(b) If the youth is transitioning in or out of the TGH from the community, Outpatient therapy services may be provided as needed within 60 days of the admission or discharge date, not to exceed a total of 10 sessions.

(2) To initiate Outpatient therapy when a youth is enrolled in CSCT or a TGH the provider must:

(a) obtain a release of information from the legal representative of the youth for all other service providers;

(b) contact the service provider(s) to verify enrollment; and

(c) coordinate the services and treatment plan with all service providers.

Service	May not be provided concurrently	Notes/Exceptions
Acute Hospital	All CMHB Services	TCM may be provided up to 180 consecutive days.
Partial Hospital Program (PHP)	Acute Hospital	
	PRTF	
	PRTF-AS	
	CSCT	
	Day TX	
	OP	
	CBPRS	May not be provided during PHP program hours.
	ENA	
Psychiatric Residential Treatment Facility (PRTF)	Acute Hospital	
	PHP	
	PRTF-AS	
	TGH	
	HSS	
	TFC	
	TFOC-P	
	CSCT	
	Day TX	
	OP	
	CBPRS	
	ENA	
	TCM	TCM may be provided to youth in out-of-state PRTFs up to 80 units to assist with discharge planning.

Service	May not be provided concurrently	Notes/Exceptions
Psychiatric Residential Treatment Facility Assessment Service (PRTF-AS)	Acute Hospital	
	PHP	
	PRTF	
	TGH	
	HSS	
	TFC	
	TFOC-P	
	CSCT	
	Day TX	
	OP	
	CBPRS	
	ENA	
Therapeutic Group Home (TGH)	Acute Hospital	
	PRTF	
	PRTF-AS	
	HSS	
	TFC	
	TFOC-P	
	OP	See Coordination of OP with TGH and CSCT section for exceptions and coordination requirements.
	CBPRS	

Service	May not be provided concurrently	Notes/Exceptions
Home Support Services (HSS)	Acute Hospital	
	PRTF	
	PRTF-AS	
	TGH	
	TFC	
	TFOC-P	
	ENA	
Therapeutic Foster Care (TFC)	Acute Hospital	
	PRTF	
	PRTF-AS	
	TGH	
	HSS	
	TFC	
	ENA	
Therapeutic Foster Care-Permanency (TFOC-P)	Acute Hospital	
	PRTF	
	PRTF-AS	
	TGH	
	HSS	
	TFC	
	ENA	
Comprehensive School and Community Treatment (CSCT)	Acute Hospital	
	PHP	
	PRTF	
	PRTF-AS	
	Day TX	
	CBPRS	CBPRS may not be provided during regular school hours when the youth in enrolled in CSCT.
	OP	See Coordination of OP with TGH and CSCT section for exceptions and coordination requirements.
	ENA	

Service	May not be provided concurrently	Notes/Exceptions
Day Treatment (Day TX)	Acute Hospital	
	PHP	
	PRTF	
	PRTF-AS	
	CSCT	
	CBPRS	CBPRS may not be provided during Day TX program hours.
	ENA	ENA may not be provided during Day TX program hours.
Outpatient Therapy (OP)	Acute Hospital	
	PHP	
	PRTF	
	PRTF-AS	
	TGH	See Coordination of OP with TGH and CSCT section for exceptions and coordination requirements.
	CSCT	
	ENA	
Targeted Case Management (TCM)	Acute Hospital	
	PRTF	Up to 80 units of TCM may be provided to youth in out-of-state PRTFs to assist with discharge planning.
	PRTF-AS	

Service	May not be provided concurrently	Notes/Exceptions
Therapeutic Home Visit (THV)	Acute Hospital	
	PHP	
	PRTF-AS	
	HSS	
	TFC	
	TFOC-P	
	CSCT	
	Day TX	
	OP	
	CBPRS	
	ENA	
Community Based Psychiatric Rehabilitation and Support Services (CBPRS)	Acute Hospital	
	PHP	CBPPRS may not be provided during PHP program hours.
	PRTF	
	PRTF-AS	
	TGH	CBPRS may not be provided during TGH program hours.
	CSCT	CBPRS may not be provided during regular school hours when the youth in enrolled in CSCT
	Day TX	CBPRS may not be provided during Day TX program hours.
	ENA	

Service	May not be provided concurrently	Notes/Exceptions
Extraordinary Needs Aide (ENA)	Acute Hospital	ENA may only be provided to a youth who is physically at the TGH or on a TGH community outing and receiving TGH services.
	PHP	
	PRTF	
	PRTF-AS	
	HSS	
	TFC	
	TFOC-P	
	CSCT	
	Day TX	
	OP	
	CBPRS	

Discharge from Services

Both the provider and parents/legal representatives must make plans for discharge when a denial is issued, whether or not additional days for discharge planning are authorized. Additional days for discharge planning will only be reimbursed with prior approval for the Department or the Department's designee and failure to discharge may result in non-payment to providers. Providers and parent/legal representatives should not delay planning for discharge pending the outcome of an administrative review/fair hearing if one is requested.

Discharge Criteria

(1) A discharge plan must be formulated upon enrollment of a youth into a service and:
- (a) be reviewed and updated during the treatment team meetings;
- (b) identify specific target dates for achieving the goals and objectives of the youth;
- (c) define criteria for conclusion of treatment at the current level of care; and
- (d) identify step down alternatives, if applicable.

(2) A youth must be discharged when the treatment plan goals have been sufficiently met such that the youth no longer meets the clinical guidelines of the level of care for the service.
(3) A parent or legal representative of the youth may remove the youth from the service.
(4) Youth who are not court ordered to participate in the service may voluntarily leave the service pursuant to 53-21-112, MCA.

Discharge from services which require a discharge notification form

Failure to properly discharge a youth may prevent the youth from receiving proper services because a new prior authorization approval and prior authorization number cannot be issued until the Department or its designee receives a *Discharge Notification* form from the previous provider.

(1) Upon the discharge of the youth from the following services, the provider must complete a *Discharge Notification* form and submit it to the Department or its designee as stated below:

Service	Submit to:	Within:
Acute Inpatient	Department's Designee	5 business days
Psychiatric Residential Treatment Facility (PRTF) and PRTF-AS	Department's Designee	1 business day*** The Department may impose a $100 fine against a PRTF for each instance where timely discharge notification is not received.
Partial Hospital Program	Department's Designee	5 business days
Therapeutic Group Home	Department	5 business days
Home Support Services	Department	5 business days

Chapter 3 - Clinical Guidelines

The following clinical guidelines must be employed for each covered Medicaid mental health service. Current forms required for utilization management are available on the CMHB website at www.dphhs.mt.gov/mentalhealth/children/index.shtml, and on the website of the Utilization Management Contractor. The forms for each service include the information regarding where and how to submit the form for the specific service.

A licensed mental health professional must certify the youth continues to meet the criteria for having a serious emotional disturbance annually. The clinical assessment must document how the youth meets the criteria for having a serious emotional disturbance, including specific functional impairment criteria.

Serious Emotional Disturbance (SED)

(1) Serious emotional disturbance (SED) means with respect to a youth from the age of six through 17 years of age, or through 19 years of age if still in an accredited secondary school*, that the youth has been determined by a licensed mental health professional as having a mental disorder with a primary diagnosis falling within one of the following DSM-IV (or successor) classifications. The determination is made based on the presentation of the youth within the past 12 calendar months, unless criteria are otherwise specified in the DSM-IV. The diagnosis of the youth must have a severity specifier of moderate or severe:

(a) childhood schizophrenia (295.10, 295.20, 295.30, 295.60, 295.90);
(b) oppositional defiant disorder (313.81);
(c) autistic disorder (299.00);
(d) pervasive developmental disorder not otherwise specified (299.80);
(e) Asperger's disorder (299.80);
(f) separation anxiety disorder (309.21);
(h) reactive attachment disorder of infancy or early childhood (313.89);
(i) schizo affective disorder (295.70);
(j) mood disorders (296.0x, 296.2x, 296.3x, 296.4x, 296.5x, 296.6x, 296.7, 296.80, 296.89);
(k) obsessive-compulsive disorder (300.3);
(l) dysthymic disorder (300.4);
(m) cyclothymic disorder (301.13);
(n) generalized anxiety disorder (overanxious disorder) (300.02);
(o) posttraumatic stress disorder (chronic) (309.81);
(p) dissociative identity disorder (300.14);
(q) sexual and gender identity disorder (302.2, 302.3, 302.4, 302.6, 302.82, 302.83, 302.84, 302.85, 302.89);
(r) anorexia nervosa (severe) (307.1);
(s) bulimia nervosa (severe) (307.51);
(t) intermittent explosive disorder (312.34); and
(u) attention deficit/hyperactivity disorder (314.00, 314.01, 314.9) when accompanied by at least one of the diagnoses listed above.

(2) As a result of the diagnosis of the youth as determined above and for a period of at least six months, or for a predictable period over six months. The youth must also consistently and persistently demonstrate behavioral abnormalities in two or more spheres, to a significant degree, well outside normative developmental expectations. The behavioral abnormalities must have either been in existence for six months or must be

reasonably predicted to last six months. They cannot be attributed to intellectual, sensory, or health factors. To qualify a youth must have displayed two or more of the following:

(a) failure to establish or maintain developmentally and culturally appropriate relationships with adult care givers or authority figures;

(b) failure to demonstrate or maintain developmentally and culturally appropriate peer relationships;

(c) failure to demonstrate a developmentally appropriate range and expression of emotion or mood;

(d) disruptive behavior sufficient to lead to isolation in or from school, home, therapeutic, or recreation settings;

(e) behavior that is seriously detrimental to the youth's growth, development, safety, or welfare, or to the safety or welfare of others; or

(f) behavior resulting in substantial documented disruption to the family including, but not limited to, adverse impact on the ability of family members to secure or maintain gainful employment.

(3) Serious emotional disturbance (SED) means with respect to a youth under six years of age means the youth exhibits a severe behavioral abnormality that cannot be attributed to intellectual, sensory, or health factors and that results in substantial impairment in functioning for a period of at least six months and obviously predictable to continue for a period of at least six months, as manifested by one or more of the following:

(a) atypical, disruptive, or dangerous behavior which is aggressive or self-injurious;

(b) atypical emotional responses which interfere with the child's functioning, such as an inability to communicate emotional needs and to tolerate normal frustrations;

(c) atypical thinking patterns which, considering age and developmental expectations, are bizarre, violent, or hypersexual;

(d) lack of positive interests in adults and peers or a failure to initiate or respond to most social interaction;

(e) indiscriminate sociability (e.g., excessive familiarity with strangers) that results in a risk of personal safety of the child; or

(f) inappropriate and extreme fearfulness or other distress which does not respond to comfort by care givers.

*****Accredited Secondary School means a secondary school located in the state of Montana accredited in accordance with Montana Board of Public Education standards for secondary education or the Northwest Accreditation Commission.

Services

Acute Inpatient Hospital Services	Administrative Rules of Montana ARM Title 37, chapter 86, subchapter 29

Definition	Means a psychiatric facility accredited by the Joint Commission on Accreditation of Health Care Organizations that is devoted to the provision of inpatient psychiatric care for persons under the age of 21 and licensed as a hospital by: (a) the Department; or (b) an equivalent agency in the state in which the facility is located.

Medical Necessity Criteria - Acute Inpatient Hospital

Admission to acute inpatient hospital services requires a current DSM diagnosis that is covered under the provisions of the Montana Medicaid Program, as the primary diagnosis, and at least one of the following:
(a) Dangerous to self or others with continued acuity of risk that cannot be appropriately treated in a less restrictive level of care.

(b) Severe functional impairment related to the symptoms of the mental illness or emotional disturbance of the youth, sufficient enough to render the youth or caregiver of the youth unable to reasonably provide for the safety and well-being of the youth.

Certificate of Need (CON)	A CON is not required. The requirements at 42 CFR 456.60 are met by having the doctor or mid-level admit the youth.
Prior Authorization	Prior authorization is required and must be submitted to the Department's designee within one business day of admission to the facility.
Service Requirements	Acute inpatient hospital services must be provided in accordance with all state and federal regulations pertaining to the administration of the service.
Continued Stay Criteria	Not Required. Acute inpatient services are reimbursed based on All Patient Refined Diagnostic Related Groups (APR-DRGs).
Continued Stay Review	Not Required. Acute inpatient services are reimbursed based on All Patient Refined Diagnostic Related Groups (APR-DRGs).
Required Forms	Prior Authorization Request Form (Acute Inpatient Hospital) Discharge Notification Form Discharge Plan Review Form (Optional)
Additional Information	Acute care hospitals must comply with 42 CFR 440.160, 42 CFR 441 subpart C, and the applicable conditions of participation for hospitals as authorized in 42 CFR 482.

Psychiatric Residential Treatment Facility (PRTF)	Administrative Rules of Montana Title 37, chapter 87, subchapter 12

Definition	"Psychiatric Residential Treatment Facility" means a facility accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO), Council on Accreditation (COA), or the Commission on Accreditation of Rehabilitation Facilities (CARF) or any other organizations designated by the Secretary of the United States Department of Health and Human Services as authorized to accredit psychiatric hospitals for Medicaid participation, and which operates for the primary purpose of providing residential psychiatric care to persons under 21 years of age. • Treatment in a PRTF is provided 24 hours per day, seven days a week, creating a secure environment in a level of care necessary for the wellbeing and safety of the youth and others. • This is the highest level of care for youth, other than Acute Inpatient Psychiatric Hospital care.

Medical Necessity Criteria - PRTF

Youth must meet the SED criteria as described in this manual and:

(a) Behaviors or symptoms of serious emotional disturbance of the youth are of a severe and persistent nature and require 24-hour treatment under the direction of a physician.

(b) Less restrictive services are insufficient to meet the severe and persistent clinical and treatment needs of the youth. The prognosis for treatment at this PRTF level of care can reasonably be expected to improve the clinical condition/ serious emotional disturbance of the youth or prevent further regression based upon the physician's evaluation.

Certificate of Need (CON)	A CON is required. The provider must submit a CON in accordance with 42 CFR 441.152 and 441.153 to the Department's designee no later than two business days prior to admission to the facility. The CON must be completed within 30 days before the admission of the youth to the requested level of care and signed before the youth receives treatment. The provider must maintain the original signed CON and send a copy to the Department or its designee.
Prior Authorization	Prior authorization is required. (1) The provider must submit to the Department's designee a Prior Authorization Request form no later than two business days prior to admission which includes an adequate demographic and clinical assessment. The clinical assessment must be sufficient for the clinical reviewer to make a determination regarding medical necessity. (2) If the youth becomes Medicaid eligible while at the facility, the provider must submit a prior authorization and a CON to the Department' designee immediately upon learning the youth is Medicaid eligible. (3) Upon receipt of the above documentation, the Department' designee will complete the following review process: (a) A clinical reviewer will complete the authorization review within two business days from receipt of the original review request and clinical information if the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity. (b) If the clinical reviewer determines that additional information is needed to complete the review, the review is pended and the provider must submit the requested information within five business days of the request for additional information. If the requested information is not received within this time frame, the clinical reviewer will issue a technical denial. (c) The clinical reviewer will complete the authorization review within two business days

	from receipt of additional information. (d) The clinical reviewer will authorize the admission and generate notification to all relevant parties if medical necessity criteria are met and the CON has been completed at least two business days prior to admission. (e) The clinical reviewer will defer the case to a board certified psychiatrist for review and determination if medical necessity criteria are not met.
Service Requirements	(a) The youth must be evaluated by a physician within 24 hours of admission; (b) The treatment plan must include active, at least weekly, participation of all active pre-admission caregivers or indicates valid reasons why such a plan is not clinically appropriate or feasible. (c) A comprehensive discharge plan directly linked to the behaviors and/or symptoms that resulted in admission and estimated length of stay must be developed upon admission. (d) If the youth is a student with disabilities, an IEP must be in place that provides programs and services consistent with requirements under IDEA and state special education requirements. If the youth is not a student with disabilities, educational services and programs must designed to meet the educational needs of the youth. PRTF services must meet the educational goals of the youth. The PRTF must: (i) follow as closely as possible an already existing Individualized Educational Plan (IEP) until the IEP is revised or a new IEP is developed; OR (ii) develop an educational plan for a youth without an IEP appropriate to the needs of the youth. (e) A written referral to the home school district must be made prior to the discharge of the youth from the facility to the home community. (f) Any additional service requirements as described in the Administrative Rules of Montana or federal regulations.
Continued Stay Criteria	The youth continues to meet all Medical Necessity Criteria and all of the following: (a) The medical record documents progress toward identified treatment goals and the reasonable likelihood of continued progress as indicated by objective behavioral measurements of improvement; (b) The youth and family, if appropriate, are demonstrating documented progress toward identified treatment goals and are cooperating with the treatment plan; and (c) Demonstrated and documented progress is being made on a comprehensive and viable discharge plan. The treatment team must document a clinical rationale for any recommended changes in the discharge plan or anticipated discharge date on the Discharge Plan Review form.
Continued Stay Review	The provider facility must contact the Department's designee no more than ten business days before and no less than five business days prior to the termination of the current certification. The following information must be submitted for a continued stay review: (a) changes to current DSM-IV diagnosis on Axis I through V; (b) justification for continued services at this level of care; (c) description of behavioral management interventions and critical incidents; (d) assessment of treatment progress related to admitting symptoms and identified treatment goals; (e) list of current medications and rationale for medication changes, if applicable; and (f) projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan.

	For PRTF services, the *Continued Stay Request* form, when completed in its entirety by a physician, physician assistant, or a nurse practitioner, may serve as the CON recertification as required under 42 CFR 456.60 (b). Upon receipt of the above information, the clinical reviewer will complete the continued stay review process: (a) The continued stay review will be completed within two business days from receipt of the original review request provided the information submitted is sufficient for the clinical reviewer to make a determination regarding medical necessity. (b) If the reviewer determines that additional information is needed to complete the review, the provider must submit the requested information within *five business days* of the request for additional information. (c) The continued stay review will be completed within *two business days* from receipt of additional information. (d) The clinical reviewer will authorize the continued stay and generate notification to all appropriate parties if the continued stay meets the medical necessity criteria. (e) The clinical reviewer defers the case to a board certified psychiatrist for review and determination if the continued stay does not meet the medical necessity criteria.
Required Forms	**In-State** Certificate of Need (PRTF/PRTF-AS) Prior Authorization Request Form (PRTF) Continued Stay Authorization Request Form (PRTF) Authorization Request Form (Therapeutic Home Visit) Discharge Plan Review Form (Required) Discharge Notification Form **Out of State** In-state PRTF Denial Letter from all Montana PRTFs Interstate Compact Agreement Certificate of Need (Acute Inpatient Hospital/PRTF/PRTF-AS) Prior Authorization Request Form (PRTF) Continued Stay Authorization Request Form (PRTF) Discharge Plan Review Form (Required) Discharge Notification Form
Additional Information	**For a youth to be admitted into an out of state PRTF:** (1) The provider must request admission from of all Montana PRTFs and be denied admission. The Montana PRTFs may deny services for one of the following reasons: (a) the facility cannot meet the clinical and/or treatment needs of the youth; or (b) an opening is not available. (2) The Montana PRTFs must specify the reasons the facility is unable to meet the needs of the youth or state when the next bed opening will be available for the youth. (3) Each in-state PRTF must complete the In-state PRTF Denial Letter form within 3 days indicating the reason(s) the youth was not admitted. The provider must: (a) submit the PRTF Denial Letter forms with the OOS PRTF's Prior Authorization Request form; and (b) send a copy to the Department or its designee.

	(4) In-state PRTFs that do not complete and return the denial form within 3 days will be considered to be unable to serve the youth. (5) Families or legal representatives of all Montana Medicaid youth who are admitted to OOS PRTFs must complete an Interstate Compact Agreement before the youth leaves the state as part of the prior authorization process. The form is located on the Department website at: http://www.dphhs.mt.gov/forms/results.jsp?catchoose=2&keywords A youth who is court ordered into PRTF services must still meet the requirements for prior authorization and medical necessity criteria for the purpose of Montana Medicaid reimbursement. ***For a youth in a correctional facility that needs access to treatment in a PRTF:*** Youth in a correctional facility are not Medicaid eligible. If parents retain guardianship for a youth committed to the Department of Corrections, parent income is used to determine Medicaid eligibility when the youth leaves the facility. If the youth is court ordered to treatment and meet the Medicaid eligibility requirements, the youth will be Medicaid eligible upon admission to the facility. The CMHB's Utilization Management contractor does not complete a Prior Authorization review (PA) for a youth who is not Medicaid eligible. Therefore, Medicaid reimbursement for the PRTF cannot be determined prior to the youth going to the facility. If a youth is determined to be Medicaid eligible after admission to the PRTF, there is no guarantee the youth will meet clinical management guidelines for this service. The Department of Corrections (DOC) staff will need to work with the PRTF staff to complete a Medicaid application. Medicaid eligibility is determined by the Office of Public Assistance (OPA). Once the youth is Medicaid eligible, the PRTF staff must complete a request for Prior Authorization and a Certificate of Need (CON) and submit these to the UR contractor within 14 days. (NOTE: Medicaid eligibility does not guarantee the youth will meet medical necessity criteria for payment). The DOC may request a retrospective review of the CON and the medical necessity of the prior authorization back to the date the Medicaid eligibility was determined. If at any time during the PRTF placement, the youth no longer meets clinical guidelines (as determined by the UR contractor) OR is ineligible for Medicaid, the Department of Corrections becomes financially responsible for the cost of the placement.

Psychiatric Residential Treatment Facility Assessment Service (PRTF-AS)	Administrative Rules of Montana Title 37, chapter 87, subchapter 12

Definition	PRTF-AS is provided in a PRTF. (PRTF is described in the previous section). PRTF-AS is a short-term intensive length of stay of 14 days or less, targeted to serve youth with multiple diagnoses and risk factors who present as "difficult to place." PRTF-AS may be used to: • Continue the stabilization of a youth discharging from the acute setting to permit a safe return to the home environment and/or community-based services. • Avert an admission to acute hospital care when symptoms that have led to hospital admissions in the past begin to emerge but are not yet acute. • Assess whether the youth has specialized treatment needs in PRTF level of care.

Medical Necessity Criteria - PRTF -AS

Youth must meet the SED criteria as described in this manual and all of the following:

(a) Behaviors or symptoms of serious emotional disturbance of the youth are of a severe and persistent nature and require 24-hour treatment under the direction of a physician.

(b) Less restrictive services are insufficient to meet the severe and persistent clinical and treatment needs of the youth. The prognosis for treatment at this PRTF level of care can reasonably be expected to improve the clinical condition/ serious emotional disturbance of the youth or prevent further regression based upon the physician's evaluation.

(c) The youth:

(i) has had multiple acute psychiatric hospital or PRTF admissions;

(ii) is at-risk of being placed in an out-of-state PRTF with an unclear medical presentation; or

(iii) is difficult to place due to an unclear or conflicting presentation.

Certificate of Need (CON)	A CON is required. The provider must submit a CON in accordance with 42 CFR 441.152 and 441.153 to the Department's designee no later than two business days prior to admission to the facility. The CON must be completed no more than 30 days before the admission of the youth to the requested level of care and signed before the youth receives treatment. The provider must maintain the original signed CON and send a copy to the Department's designee.
Prior Authorization	Prior authorization is required. (1) The provider must submit a prior authorization (PA) to the Department's designee no later than two business days prior to admission. (2) The provider must submit a PA to the Department's designee for a youth who is being transferred from inpatient psychiatric hospital services to PRTF services no later than two business days prior to the transfer. (3) A completed CON must accompany the PA request. (4) If the youth becomes Medicaid eligible while at the facility, the provider must submit a PA and a CON to the Department's designee immediately upon learning the youth is Medicaid eligible. (5) The provider must request prior authorization from the Department's designee for full PRTF services no later than two business days before the end of the PRTF-AS authorization if additional days beyond fourteen are needed.

Service Requirements	(a) The youth must be evaluated by a physician within 24 hours of admission; (b) The treatment plan must include active, at least weekly, participation of all active pre-admission caregivers or indicates valid reasons why such a plan is not clinically appropriate or feasible. (c) A comprehensive discharge plan directly linked to the behaviors and/or symptoms that resulted in admission and estimated length of stay must be developed upon admission. (d) If the youth is a student with disabilities, an IEP must be in place that provides programs and services consistent with requirements under IDEA and state special education requirements. If the youth is not a student with disabilities, educational services and programs must designed to meet the educational needs of the youth. PRTF services must meet the educational goals of the youth. The PRTF must: (i) follow as closely as possible an already existing Individualized Educational Plan (IEP) until the IEP is revised or a new IEP is developed; OR (ii) develop an educational plan for a youth without an IEP appropriate to the needs of the youth. (e) A written referral to the home school district must be made prior to the discharge of the youth from the facility to the home community. (f) Any additional service requirements as described in the Administrative Rules of Montana or federal regulations.
Continued Stay Criteria	Continued Stay criteria are not applicable due to the 14-day limitation of this service.
Continued Stay Review	A Continued Stay review is not applicable due to the 14-day limitation of this service.
Required Forms	Certificate of Need (Acute inpatient Hospital/PRTF/PRTF-AS) Prior Authorization Request (PRTF/PRTF Assessment) Discharge Notification Form
Additional Information	Not applicable.

Partial Hospital Services (PHP)	Administrative Rules of Montana Title 37, chapter 86, subchapter 30

Definition	Is an active treatment program that offers therapeutically intensive, coordinated, structured clinical services provided only to youth who are determined to have a serious emotional disturbance. Partial hospitalization services are time-limited and provided within either an acute level program or a sub-acute level program. Partial hospitalization services employ an integrated, comprehensive, and complementary schedule of recognized treatment or therapeutic activities. Acute level partial hospitalization is described at ARM 37.86.3006 Sub-acute level partial (SAP) hospitalization is provided by programs which: (a) operate under the license of a general hospital in a self-contained facility, distinct psychiatric unit, or an inpatient psychiatric hospital for persons under 21; (b) offer integrated mental health services appropriate to the needs of the youth as identified in an individualized treatment plan; and (c) serve youth with a serious emotional disturbance being discharged from inpatient psychiatric treatment, residential treatment, or who would be admitted to such treatment in the absence of partial hospitalization.

Admission Criteria - PHP

Youth must meet the SED criteria as described in this manual and:

(a) The clinical condition of the youth requires a structured day program with active psychiatric treatment under the direction of a physician with frequent nursing and medical supervision.
(b) The youth has exhausted or cannot be safely treated in a less intensive level of care and the partial hospital program can safely substitute for or shorten a hospital stay.
(c) The treatment plan is focused on stabilizing or alleviating the psychiatric symptoms and precipitating psychosocial stressors that are interfering with the ability of the youth to receive services in a less intensive outpatient setting.
(d) The youth can be safely and effectively managed in a partial hospital setting without significant risk of harm to self/others.
(e) The services can reasonably be expected to improve the clinical condition of the youth or prevent further regression.

Certificate of Need (CON)	A CON is not required.
Prior Authorization	Prior authorization is not required.
Service Requirements	The provider must: (a) document in the file of the youth how he or she meets the medical necessity criteria within one business day of admission; (b) complete a clinical assessment within 10 business days of admission; (c) provide psychotherapy services consisting of at least individual, family, and group sessions at a frequency designed to stabilize the person sufficiently to allow discharge to a less intensive level of care at the earliest appropriate opportunity; (d) complete a face-to-face evaluation by a physician who will participate with the multi-disciplinary team in preparation of an individualized, comprehensive, documented treatment plan;

	(e) involve family and all active pre-admission caregivers in evaluation, treatment planning activities, and in treatment, as appropriate; (f) initiate active discharge planning at the time of admission to the program and culminate into a comprehensive discharge plan; (g) develop and implement a comprehensive treatment plan which includes active treatment interventions that is updated every 30 days or earlier as needed, to reflect progress of the youth and/or new information as it becomes available; (h) provide education services through full collaboration with a school district, certified education staff within the program, or an interagency agreement with an accredited school; (i) provide crisis intervention and management, including response outside of the program setting; and (j) provide psychiatric evaluation, consultation, and medication management as appropriate to the needs of the youth.
Continued Stay Criteria	The youth continues to meet ALL admission criteria and all of the following: (a) lower levels of care are inadequate to meet the needs of the youth; (b) active treatment is occurring, which is focused on stabilizing or alleviating the psychiatric symptoms and precipitating psychosocial stressors that are interfering with the ability of the youth to receive services in a less intensive outpatient setting; (c) demonstrated and documented progress is being made toward the treatment goals and there is a reasonable likelihood of continued progress including a reduced probability of future need for a higher level of care; and (d) demonstrated and documented progress is being made on a comprehensive and viable discharge plan. The treatment team provides a clinical rationale for any recommended changes in the discharge plan or anticipated discharge date.
Continued Stay Review	The Continued Stay Request form must be completed and maintained in the file of the youth which documents how the youth continues to meet the medical necessity criteria.
Required Forms	Continued Stay Request Form (Partial Hospital Program) Discharge Notification Form Discharge Plan Review Form (Optional)
Additional Information	Not applicable.

Therapeutic Group Home (TGH)	Administrative Rules of Montana Title 37, chapter 87, subchapter 10

Definition	Therapeutic Group Homes provide behavioral intervention and life skills development in a structured group home environment for youth who cannot be served in an outpatient setting due to safety concerns or functional impairments that result from serious emotional disturbance. The purpose of the therapeutic and behavioral interventions is to improve the youth's functioning in one or more areas so that s/he can be successful in a home setting and to encourage personal growth and development. Therapeutic Group Home Services include: • Individual, Group and Family Therapy • Behavioral and life skills training

Medical Necessity Criteria - TGH

Youth must meet the SED criteria as described in this manual and all of the following:

(a) The prognosis for treatment of the serious emotional disturbance of the youth at a less restrictive level of care is poor because the youth demonstrates three or more of the following due to the serious emotional disturbance:

(i) significantly impaired interpersonal or social functioning;
(ii) significantly impaired educational or occupational functioning;
(iii) impairment of judgment;
(iv) poor impulse control; or
(v) lack of family or other community or social networks.

(b) As a result of the serious emotional disturbance, the youth exhibits an inability to perform daily living activities in a developmentally appropriate and/or functional manner.

(c) As a result of the emotional disturbance or mental illness, the youth exhibits maladaptive or disruptive behavior that results in an inability for a caregiver to safely provide care and structure for the youth in a family setting.

(d) The SED symptoms of the youth are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient or in-home mental health service.

(e) The youth exhibits behaviors related to the SED diagnosis that result in significant risk for placement in a PRTF or acute care if TGH services are not provided, or the youth is currently being treated or maintained in a more restrictive environment and requires a structured treatment environment in order to be successfully treated in a less restrictive setting.

Certificate of Need (CON)	A CON is not required.
Prior Authorization	Prior authorization is not required for the first 120 days.
Service Requirements	A provider must: (a) document in the file of the youth how the youth meets the medical necessity criteria within one business day of admission; (b) complete and maintain a clinical assessment in accordance with ARM 37.97.905. The clinical assessment must meet the requirements as described in ARM 37.97.102(4); and (c) meet the therapeutic service requirements as described in ARM 37.97.906. (d) document attempts to engage the family/legal representative in treatment

	planning and progress toward an appropriate discharge placement.
Continued Stay Criteria	Continued stay requests will be considered only when the youth continues to meet the SED criteria and all of the following: (1) The prognosis for treatment of the serious emotional disturbance at a less restrictive level of care remains poor because the youth still demonstrates two or more of the following: (a) significantly impaired interpersonal or social functioning; (b) significantly impaired educational or occupational functioning; (c) impairment of judgment; or (d) poor impulse control. (2) As a result of the serious emotional disturbance, the youth exhibits an inability to perform daily living activities in a developmentally appropriate and/or functional manner without the structure of the TGH. (3) The SED symptoms of the youth are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient or in-home mental health service. (4) The youth has demonstrated progress toward identified treatment goals and has a reasonable likelihood of continued progress.
Continued Stay Review	A provider may request continued stays for up to 90 day increments. The Department must receive the request for continued stay between 5 to 10 business days prior to the end of the initial 120 day initial stay or the subsequent authorizations. The following information must be submitted to the Department for each continued stay review: (a) changes to current DSM diagnosis; (b) justification for continued services at this level of care; (c) description of behavioral management interventions and critical incidents; (d) assessment of treatment progress related to admitting symptoms and identified treatment goals; (e) list of current medications and rationale for medication changes, if applicable; and (f) projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan. The clinical reviewer will complete the continued stay review process within two business days of receipt of complete information as described above and take one of the following actions: (a) Request additional information as needed to complete the review, the provider must submit the requested information within *five business days* of the request for additional information. (b) Authorize the continued stay and generate notification to all appropriate parties if the continued stay meets the medical necessity criteria. (c) Defer the case to a board certified psychiatrist for review and determination if the continued stay does not meet the medical necessity criteria. (d) The board certified psychiatrist will complete the review and determination within two business days of receipt of the information from the clinical reviewer.
Benefit	Any one of the following criteria is sufficient for exclusion from this level of care.

Exclusion Criteria	(a) The youth exhibits suicidal or acute mood symptom(s)/thought disorder(s) which require a more intensive level of care. (b) The youth has medical conditions or impairments that would prevent beneficial utilization of services. (c) The primary problem is not psychiatric. It is a social, legal, or medical problem without a major concurrent psychiatric episode meeting criteria for this level of care or does not otherwise meet the SED and continued stay criteria. (d) The admission is being used as an alternative to placement within the juvenile justice or child protective system or as an alternative to specialized schooling or as respite or as housing. (e) The youth can be safely and effectively treated at a less intensive level of care.
Required Forms	TGH Continued Stay Request Form Discharge Notification Form Discharge Plan Review Form (Optional)
Additional Information	A provider must submit a payment authorization request to the department within 30 days of admission.

Home Support Services (HSS)	Administrative Rules of Montana Title 37, chapter 87, subchapter 14

Definition	Home Support Services are in-home family support services for youth. They are not available for youth in Therapeutic Foster Care placement. To receive this service, symptoms of the serious emotional disturbance of the youth must be of a persistent nature requiring in-home behavioral intervention. Services are focused on the reduction of behaviors that interfere with the youth's ability to function in the family and community and facilitation of the development of skills needed by the youth and family to prevent or minimize the need for more restrictive levels of care. The provider is available by phone or in-person to assist the youth and family during crises. Home Support Services include: • Functional assessment of the youth and family system • Crisis planning and response • Behavioral coaching and training for the youth • Behavioral coaching and training for the family

Medical Necessity Criteria - HSS

Youth must meet the SED criteria as described in this manual and all of the following:

(a) Symptoms of the serious emotional disturbance of the youth are of a persistent nature requiring intensive in-home behavioral intervention. The specific behavioral intervention need must be documented in the file of the youth as described in Rule 37.87.1407(4)(a) through (e).

(b) The youth exhibits behaviors related to the covered diagnosis that result in risk for placement in a more restrictive environment if in-home services are not provided, or the youth is currently being treated and maintained in a more restrictive environment and requires structured in-home services in order to be successfully discharged to the home.

In addition to the medical necessity criteria the following admission criteria must be met:

(1) The parent/caregiver has agreed to in-home support services to strengthen their capacity to support the youth effectively and improve the functioning of the youth. This should be evidenced by a signature from the youth, if appropriate, and caregiver on the Individualized Treatment Plan (ITP); and

(2) The youth must meet one of the following:

(a) has received services from a Psychiatric Residential Facility (PRTF), acute inpatient, partial hospitalization, therapeutic foster care, or therapeutic group home within the last 30 days; or

(b) if age 3 or under, has been referred by Head Start, day care, or physician as needing services and has been referred or receives Montana's Part C Infant and Toddler Early Intervention Program (Part C) of the Individuals with Disabilities Education Act (IDEA) services and Part C services cannot meet identified needs. Provider must document Part C services cannot meet identified need prior to service provision; or

(c) Outpatient services alone are not sufficient to meet the parent/caregiver's needs for coaching, support, and education. The file of the youth should state clearly what has been tried and the response must include documentation of receiving 3 out of the 4 of the following services:

(i) Outpatient therapy (at least 6 sessions over the past 60 days) OR it has been documented that Outpatient therapy is not available in the home community;

(ii) Targeted Case Management (TCM) in the last 60 days ;

(iii) Physician care or consultation (specific to mental health) in the last 60 days; or

(iv) Documented crisis intervention at least twice in the last 30 days.

Certificate of Need (CON)	A CON is not required.
Prior Authorization	Prior authorization is not required for up to 365 billed days of treatment effective November 15, 2013. Any HSS treatment days provided to the youth after November 15, 2013 is cumulative towards the 365 days during the lifetime of the youth.
Service Requirement	After the initial 180 days of HSS the provider must document in the file of the youth all of the following: (a) Reassessment of the youth demonstrates the youth continues to meet (a) and (b) of the Medical Necessity criteria. (b) The parent/caregiver continues to need support to improve his/her capacity to parent in order to address the emotional or behavioral needs of the youth as identified in the Individualized Treatment Plan (ITP). (c) Services are rendered in a clinically appropriate manner and focused on the behavior of the youth and the parent/caregiver's need for support, guidance, and coaching. (d) The youth and/or parent/caregiver are engaged in services and are making documented progress towards goals, but maximum benefit has not yet been achieved AND withdrawing services would likely result in a decline in the youth and family's functioning, including the possibility of placement of the youth in a higher level of care within the year. (e) If the youth and/or parent/caregiver are not progressing appropriately or if the condition of the youth has worsened, evidence of active, timely crisis intervention, re-evaluation and change of the ITP has occurred to address the current needs and needs to be documented in the monthly summaries that are required in rule. (f) The symptoms or behaviors of the youth do not require a more intensive level of care but have demonstrated that they are severe enough that a less intensive level of service would be insufficient to successfully support the youth in the home setting.
Continued Stay Criteria	After 365 days of service, a parent/caregiver or an authorized representative of the youth may petition the Department for additional time in up to 90-day increments. Each request for an extension will be reviewed by CMHB clinical staff. The youth must continue to meet the SED criteria and admission criteria for HSS and meet at least one of the following: (a) documented change in clinical presentation including needs (last 90 days); (b) the youth has not received HSS services within the past five years; (c) the youth has received services from a hospital, PRTF or therapeutic group home (last 30 days); (d) youth is eligible for developmental disabilities (DD) services and is on the DD waiting list to receive supportive services; (e) youth is within 30 days of turning 18 or 19 and attending secondary school; (f) youth is in a State foster or kinship home; or (g) parent or caregiver presents with documented exceptional clinical need.
Continued Stay Review	The Department must receive the request for the continued stay between 5 to 10 business days prior to the 365 billed treatment days. The following information must be submitted for a continued stay authorization: (a) changes to current SED diagnosis; (b) justification for continued services at this level of care; (c) description of behavioral management interventions and critical incidents; (d) assessment of treatment progress related to admitting symptoms and identified

	treatment goals; (e) list of current medications and rationale for medication changes, if applicable; and (f) projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan. The clinical reviewer will complete the continued stay review process within two business days of receipt of complete information as described above and take one of the following actions: (a) Request additional information as needed to complete the review, the provider must submit the requested information within five business days of the request for additional information. (d) Authorize the request and generate notification to all appropriate parties if the request meets the medical necessity criteria. (c) Defer the case to a board certified psychiatrist for review and determination if the continued stay does not appear to meet the medical necessity criteria. (d) The board certified psychiatrist will complete the review and determination within two business days of receipt of the information from the clinical reviewer.
Benefit Exclusion Criteria	Any one of the following criteria is sufficient for exclusion from this level of care. (a)The home environment in which the service takes place presents a serious safety risk to the staff persons who would provide the service. (b) The youth exhibits suicidal or acute mood symptoms/thought disorder which require a more intensive level of care. (c) The youth has medical conditions or impairments that would prevent beneficial utilization of services. (d) Introduction of this service would be duplicative of services that are already in place. (e) The primary problem is not psychiatric. It is a social, legal, or medical problem without a major concurrent psychiatric episode meeting criteria for this level of care or does not otherwise meet the SED and continued stay criteria. (f) The youth can be safely and effectively treated at a less intensive level of care.
Required Forms	HSS Continued Stay Form Discharge Notification Form Discharge Plan Review Form (Optional)
Additional Information	In the event a youth is acute enough to require HSS without meeting the above criteria, a provider may call the Children's Mental Health Bureau at (406) 444-4545 in order to request services.

Therapeutic Foster Care (TFC)	Administrative Rules of Montana Title 37, chapter 87, subchapter 14

Definition:	Therapeutic Foster Care Services are in-home therapeutic and family support services for youth living in a licensed therapeutic foster home environment. Services are focused on the reduction of behaviors that interfere with the youth's ability to function in the family and/or home community and facilitation of the development of skills needed by the youth and family to prevent or minimize the need for more restrictive levels of care and to support permanency or return to the legal guardian. The provider is available by phone or in-person to assist the youth and foster family during crises. Therapeutic Foster Care Services include: • Functional assessment of the youth and family system • Crisis planning and response • Behavioral coaching and training for the youth • Behavioral coaching and training for the foster and natural family

Admission Criteria - TFC

Youth must meet the SED criteria as described in this manual and all of the following:
(a) The youth exhibits behaviors related to the covered diagnosis that result in risk of out of home placement and unless TFC services are provided.
(b) Less restrictive services are not available to the youth.
(c) The caregiver requires supportive services to safely manage the clinical symptoms of the youth in the current home environment.
(d) The youth is transitioning from an out of home placement to a community setting, there is clinical evidence that less intensive treatment will not be sufficient to prevent clinical deterioration, stabilize the disorder, support effective rehabilitation, or avoid the need to initiate or continue a more intensive level of care due to current risk to the youth or others.

Certificate of Need (CON)	A CON is not required.
Prior Authorization	A prior authorization is not required.
Service Requirement	After the initial 180 days of TFC the provider must document in the file of the youth all of the following: (a) Reassessment of the youth demonstrates the youth continues to meet the SED criteria. (b) The parent/caregiver continues to need support to improve his/her capacity to parent in order to address the emotional or behavioral needs of the youth as identified in the Individualized Treatment Plan (ITP). (c) Services are rendered in a clinically appropriate manner and focused on the behavior of the youth and the parent/caregiver's need for support, guidance, and coaching. (d) The youth and/or parent/caregiver are engaged in services and are making documented progress towards goals, but maximum benefit has not yet been achieved AND withdrawing services would likely result in a decline in the youth and family's functioning, including the possibility of placement of the youth in a higher level of care within the year. (e) If the youth and/or parent/caregiver are not progressing appropriately or if the condition of the youth has worsened, evidence of active, timely crisis intervention, re-evaluation and change of the ITP has occurred to address the current needs and needs to be documented

	in the monthly summaries that are required in rule. (f) The symptoms or behaviors of the youth do not require a more intensive level of care but have demonstrated that they are severe enough that a less intensive level of service would be insufficient to successfully support the youth in the home setting.
Continued Stay Criteria	Not applicable.
Continued Stay Review	Not applicable.
Benefit Exclusion Criteria	Any one of the following criteria is sufficient for exclusion from this level of care. (a) The youth exhibits suicidal or acute mood symptoms/thought disorder which require a more intensive level of care. (b) The youth has medical conditions or impairments that would prevent beneficial utilization of services. (c) Introduction of this service would be duplicative of services that are already in place. (d) The primary problem is not psychiatric. It is a social, legal, or medical problem without a major concurrent psychiatric episode meeting criteria for this level of care or does not otherwise meet the SED and continued stay criteria. (e) The youth can be safely and effectively treated at a less intensive level of care.
Required Forms	Not applicable.
Additional Information	Not applicable.

Therapeutic Foster Care Permanency (TFOC-P)	Administrative Rules of Montana Title 37, chapter 87, subchapter 14

Definition	Therapeutic Foster Care-Permanency Services are an intensive level of treatment for youth in a permanent therapeutic foster family placement. As with Home Support Services and Therapeutic Foster Care, services are focused on the reduction of behaviors that interfere with the youth's ability to function in the family and facilitation of the development of skills needed by the youth and family to prevent or minimize the need for more restrictive levels of care. With this service, the parent(s) receive specialized behavioral training by a licensed mental health professional. The provider is available by phone or in person to assist the youth and family during crises. Therapeutic Foster Care-Permanency includes: • Functional assessment of the youth and family system • Crisis planning and response • Behavioral coaching and training for the youth • Behavioral coaching and training for the family

Medical Necessity Criteria - TFOC-P

Youth must meet the SED criteria as described in this manual and all of the following:

(a) The SED symptoms of the youth are of a severe or persistent nature requiring more intensive treatment and clinical supervision than can be provided by outpatient mental health services;

(b) The youth exhibits behaviors related to the covered diagnosis that result in significant risk for psychiatric hospitalization or placement in a more restrictive environment if TFOC-P is not provided, or the youth is currently being treated or maintained in a more restrictive environment and requires a structured treatment environment in order to be successfully treated in a less restrictive setting;

(c) The prognosis for treatment of the serious emotional disturbance of the youth at a less intensive level of care is very poor because the youth demonstrates three or more of the following due to the emotional disturbance or mental illness:

(i) Significantly impaired interpersonal or social functioning;
(ii) Significantly impaired educational or occupational functioning;
(iii) Impairment of judgment; or
(iv) Poor impulse control;

(d) As a result of the serious emotional disturbance, the youth exhibits an inability to perform daily living activities in a developmentally appropriate manner;

(e) As a result of the emotional disturbance or mental illness, the youth exhibits maladaptive or disruptive behavior that is developmentally inappropriate.

Certificate of Need	A CON is not required.
Prior Authorization	A prior authorization is not required.
Service Requirement	After 180 days of TFOC-P the provider must document in the file of the youth the following: (a) The youth must continue to meet all of the admission criteria. (b) The youth and family are engaged in treatment and making progress toward treatment goals; (c) The symptoms of the youth do not require a more intensive level of care but have demonstrated they are severe enough that a less intensive level of care would be insufficient to meet treatment needs.

	(d) Demonstrated and documented progress is being made on the comprehensive discharge plan. If changes are made to the discharge plan or date, the provider must give the rationale for the change.
Continued Stay Criteria	Not applicable.
Continued Stay Reviews	Not applicable.
Benefit Exclusion Criteria	Any one of the following criteria is sufficient for exclusion from this level of care. (a) The youth exhibits suicidal or acute mood symptom(s)/thought disorder(s) which require a more intensive level of care. (b) The youth has medical conditions or impairments that would prevent beneficial utilization of services. (c) Introduction of this service would be duplicative of services that are already in place. (d) The primary problem is not psychiatric. It is a social, legal, or medical problem without a major concurrent psychiatric episode meeting criteria for this level of care or does not otherwise meet the SED criteria. (e) The youth can be safely and effectively treated at a less intensive level of care.
Required Forms	Not applicable.
Additional Information	Not applicable.

Comprehensive School and Community Treatment (CSCT)	Administrative Rules of Montana ARM Title 37, chapter 87, subchapter 18.

Definition	Comprehensive School and Community Treatment is a mental health center service provided by a public school district. A Comprehensive School and Community treatment team includes a licensed or supervised in-training practitioner and a behavioral aide, who are assigned to a specific public school. Once admitted into the program, a youth may receive services at the school, the home, or in the community. Services are focused on improving the youth's functional level by facilitating the development of skills related to exhibiting appropriate behaviors in the school and community settings. These youth typically require support through cueing or modeling of appropriate behavioral and life skills to utilize and apply learned skills in normalized school and community settings. Comprehensive School and Community Treatment includes: • Individual, Group and Family Therapy • Behavioral and life skills training

Admission Criteria - CSCT

Youth must meet the SED criteria as described in this manual.

A youth who does not meet the SED criteria may be referred to the CSCT program for brief intervention, assessment, and referral regardless of the diagnosis of the youth for up to 20 units annually.

Certificate of Need (CON)	A CON is not required.
Prior Authorization	A prior authorization is not required.
Service Requirements	Each youth in the program must: (a) have an annual assessment as specified in ARM 37.87.303; and (b) have an individualized treatment plan in accordance with ARM 37.106.1916
Continued Stay Criteria	Not applicable.
Continued Stay Review	Not applicable.
Required Forms	Not applicable.
Additional Information	Not applicable.

Day Treatment (DayTx)	Administrative Rules of Montana ARM Title 37, chapter 106, subchapter 19.

Definition	Youth Day Treatment services are a set of mental health services provided in a specialized classroom setting that is not co-located in a public school. The educational component of the program is not paid for by Medicaid and must be provided through full collaboration with a public school district. A licensed therapist provides services at a ratio of one to twelve clients. The services are focused on building skills for adaptive school and community functioning and reducing symptoms and behaviors that interfere with a youth's ability to participate in their education at a public school, to minimize need for more restrictive levels of care and to support return to a public school setting as soon as possible. Day Treatment includes: • Individual, family, and group therapy • Social and life skills training • Therapeutic recreation services

Medical Necessity Criteria - Day Tx	
Not applicable.	
Certificate of Need (CON)	A CON is not required.
Prior Authorization	Prior authorization is not required.
Service Requirements	See ARM 37.106.1936.
Continued Stay Criteria	Not applicable.
Continued Stay Review	Not applicable.
Required Forms	Not applicable.
Additional Information	Not applicable.

Outpatient Therapy (OP)	Administrative Rules of Montana Title 37, chapter 88

Definition	Outpatient therapy services include individual, family, and group therapy in which diagnosis, assessment, psychotherapy, and related services are provided by a licensed mental health professional acting within the scope of the professional's license or a mental health center in-training mental health professional as defined at ARM 37.87.702(3).

Admission Criteria - OP

For the first 24 patient sessions per state fiscal year:
Any currently recognized mental health diagnosis.

Outpatient therapy services that do not count towards the 24 sessions are as follows:
(a) Psychiatric Diagnostic or evaluative interview procedures;
(b) Group psychotherapy;
(c) Outpatient psychotherapy with medication evaluation and management services;
(d) Pharmacological or medication management services;.
(e) Central nervous system assessments/tests or psychological testing performed by a physician or psychologists; and
(f) Outpatient therapy services provided as part of the CSCT service.

For sessions in excess of 24 per state fiscal year, youth must meet the SED criteria as described in this manual and all of the following:
(a) A family driven Individualized Treatment Plan (ITP) has been formulated on admission that identifies strength-based achievable goals and measurable objectives that are directed toward the alleviation of the symptoms and/or causes that led to the treatment. The response of the youth to treatment has been regularly documented, and revisions in the ITP are consistent with the clinical needs of the youth.
(b) The youth and family, if applicable, have demonstrated investment in the therapeutic alliance and have agreed to the goals/objectives of the ITP.
(c) Progress toward treatment goals has occurred as evidenced by measurable reduction of symptoms and/or behaviors that indicate continued responsiveness to treatment.
(d) A discharge plan has been formulated and regularly reviewed and revised. It identifies specific target dates for achieving specific goals, and defines criteria for conclusion of treatment.

Certificate of Need (CON)	A CON is not required.
Prior Authorization	A prior authorization is not required.
Service Requirements	Not Applicable.
Continued Stay Criteria	For sessions in excess of 24 per state fiscal year, the mental health professional must document the youth meets the clinical guidelines.
Continued Stay Review	Not Applicable.
Required Forms	Not applicable.
Additional Information	Not applicable.

Targeted Case Management (TCM)	Administrative Rules of Montana Title 37, chapter 86, subchapter 33; and Title 37, chapter 87, subchapter 8.

Definition	"Targeted Case management" means the process of planning and coordinating care and services to meet individual needs of a youth and to assist the youth in obtaining necessary medical, social, nutritional, educational, and other services. Case management provides coordination among agencies and providers in the planning and delivery of services. Case management includes: • assessment; • case plan development; • monitoring; and • service coordination.

Medical Necessity Criteria - TCM	
Youth must meet the SED criteria as described in this manual and: (a) The parent/caregiver gives consent and agrees to participate in TCM. (b) Within 14 days of admission, the youth has been identified as needing linkage/referral and/or coordination and monitoring of 3 or more systems or services from two or more providers including mental health, schools, chemical dependency, medical, and/or State agencies (e.g. CFSD, Youth Corrections, DD, etc.) and community/natural supports.	
Certificate of Need (CON)	A CON is not required.
Prior Authorization	A prior authorization is not required.
Service Requirements	Service requirements are located in the Administrative Rules of Montana referenced above.
Continued Stay Criteria	The youth must meet the medical necessity criteria for TCM level of care as documented in updated treatment plans, recommendations of the treatment team, or progress notes of the systems or services the youth is receiving and maintained in the file of the youth.
Continued Stay Review	The case management program supervisor must certify that each youth in services meet the above criteria.
Required Forms	Not applicable.
Additional Information	Federal rule and/or Montana Medicaid **prohibit** the following activities to be billed as case management. (a) Direct delivery of a medical, educational, social, or other service to which an eligible youth has been referred; (b) Medicaid eligibility determination and redetermination activities which includes outreach, application, and referral activities (c) Transportation services. (d) The writing, recording, or entering of case notes in a case file. (e) Coordination of the investigation of any suspected abuse, neglect and/or exploitation cases; and (f) services provided by a case manager while the youth is in an in-state psychiatric residential treatment facility (PRTF) (up to 80 units of TCM is allowed while a youth

	is in an out-of-state PRTF per ARM 37.87.1223). **The case manager's role during crises.** The case manager's function includes assisting the family in anticipating and describing the crises they may experience; as well as developing a crisis plan to address these crises. CFR 42.441.18, subpart (c) states targeted case management does not include direct service. As long as the crisis plan does not identity the case manager as the primary responder to the person's crisis, it is appropriate for the case manager to be available to assist the family in activating the resources they identified in the crisis plan.

Therapeutic Home Visit (THV)	Administrative Rules of Montana Concurrent with Psychiatric Residential Treatment Facility (PRTF) are defined in ARM Title 37, chapter 87, subchapter 12. Concurrent with Therapeutic Group Home (TGH) are defined in ARM Title 37, chapter 87, subchapter 10.

Definition	A Therapeutic Home Visit is an opportunity to assess the ability of the youth to successfully transition to a less restrictive level of care. 14 days is the maximum benefit allowed per youth per state fiscal year.

Admission Criteria - THV	
The youth must be receiving services in a Therapeutic Group Home or a Psychiatric Residential Treatment Facility.	
Certificate of Need (CON)	A CON is not required.
Prior Authorization	A prior authorization is required for each stay that will exceed three patient days per visit.
Service Requirements	(a) the plan of care for the youth must document the medical need for therapeutic home visits as part of a therapeutic plan to transition the youth to a less restrictive level of care; (b) the provider must document staff contact and youth achievements or regressions during and following the therapeutic home visit.
Continued Stay Criteria	(a) demonstrates progress toward identified treatment goals; (b) supports a therapeutic plan to transition the youth to a less restrictive level of care; (c) the youth has been prepared for the THV evidenced by a written crisis plan and a written plan for provider contact with the youth and family during the visit; and (d) has a viable discharge plan.
Continued Stay Review	A provider may petition the Department for days which exceed three patient days per visit. The Department must receive the request no later than 2 business days prior to the end of the three patient days or the time specified with subsequent authorizations. The following information must be submitted to the Department to request authorization: (a) documentation supporting the medical need for a THV as part of the therapeutic plan to transition to a lower level of care; and (b) projected discharge date and clinically appropriate discharge plan, citing evidence of progress toward completion of that plan. The clinical reviewer will complete the review for continued stay upon receipt of complete information as described above and take one of the following actions: (a) Request additional information as needed to complete the review, the provider must submit the requested information before an authorization can be issued. (d) Authorize the request and generate notification to all appropriate parties if the request meets the criteria.
Required Forms	Not applicable.
Additional Information	Not applicable.

Community Based Psychiatric Rehabilitation and Support Services (CBPRS)	Administrative Rules of Montana ARM Title 37, chapter 87, subchapter 7.

Definition	"Community-based psychiatric rehabilitation and support (CBPRS)" means additional one-to-one, face-to-face, intensive short-term behavior management, and stabilization services in home, school, or community settings. They are for youth receiving mental health center services but failing to progress and at risk of out of home or residential placement; or for youth under six at risk of removal from their current setting. The purpose of CBPRS services is to "reduce disability" and "restore function."

Medical Necessity Criteria - CBPRS

Youth must meet the SED criteria as described in this manual.

Certificate of Need (CON)	A CON is not required.
Prior Authorization	A prior authorization is not required except when provided concurrently with the 1915(i) Home and Community Based state plan or the PRTF waiver.
Service Requirements	CBPRS may only be provided when a youth is receiving other mental health services. A current treatment plan must include the CBPRS rehabilitation goals for the youth that address the primary mental health needs of the youth. Daily progress notes must include time in and time out. CBPRS group services may only be provided: (a) up to a maximum of two hours of group per day; (b) up to a maximum of eight youth per group; and (c) up to a staff ratio of four youth to one staff. Community-based psychiatric rehabilitation and support may include the following services: (a) evaluation and assessment of symptomatic, behavioral, social and environmental barriers; (b) assisting the youth to develop communication skills, self-management of psychiatric symptoms, and the social networks necessary to minimize social isolation and increase opportunities for a socially integrated life; (c) assisting the youth to develop daily living skills and behaviors necessary for maintenance of relationships, an appropriate education, and productive leisure and social activities; and (d) immediate intervention in a crisis situation to refer the youth to necessary and appropriate care and treatment. Community-based psychiatric rehabilitation and support does not include the following: (a) interventions provided during day treatment or partial hospitalization program hours, or if a youth is enrolled in CSCT during school hours; (b) interventions provided in a hospital, therapeutic group home, or residential treatment facility; (c) interventions provided by staff of group homes; (d) case planning activities, including attending meetings, completing paperwork and other

	documentation requirements, traveling to and from the home of the youth; (e) therapeutic interventions by licensed practitioners; and (f) activities which are purely recreational, instructional, or vocational in nature.
Continued Stay Criteria	Not applicable.
Continued Stay Review	Not applicable.
Required Forms	Not applicable.
Additional Information	Not applicable.

Extraordinary Needs Aide Service (ENA)	Administrative Rules of Montana 37.87.1013 and 37.87.1017

Definition	Extraordinary needs aide (ENA) services are additional one-to-one, face-to-face, intensive short-term behavior management and stabilization services provided in the Therapeutic Group Home (TGH). ENA services are provided by for youth who exhibit extreme behaviors that cannot be managed by regular staffing.

Admission Criteria - ENA

Youth must meet the SED criteria as described in this manual and all of the following:

(a) exhibit extreme behaviors that cannot be managed by the TGH staffing required by licensure ARM 37.97.903.

(b) The extreme behaviors of the youth are current, moderately severe, and consist of documented incidents that are symptoms of the SED of the youth.

(c) The behaviors are either frequent in occurrence, or at risk of becoming a serious occurrence, and include one or more of the following behaviors:

- harming self or others;
- destruction of property; or
- a pattern of frequent extreme physical outbursts.

Certificate of Need (CON)	A CON is not required.
Prior Authorization	A prior authorization is required. To request prior authorization of ENA services, the Lead Clinical Staff must complete the Department's ENA request form and document the medical need for the service. The ENA request must include: (a) a behavior assessment; (b) a detailed description of the behavioral problems of the youth including date(s) of occurrence(s) and frequency of behavior problems to justify the number of ENA hours being requested; and (c) measurable ENA treatment plan goals and objectives. The clinical reviewer will complete the review for prior authorization upon receipt of complete information as described above and take one of the following actions: (a) Request additional information as needed to complete the review, the provider must submit the requested information before an authorization can be issued. (d) Authorize the request and generate notification to all appropriate parties if the request meets the criteria. medical necessity criteria.
Service Requirement	ENA must provide a one to one staffing ratio. Daily progress notes must include time in and time out.
Continued Stay Criteria	(a) continues to meet admission criteria; (b) demonstrates progress towards identified treatment goals and the reasonable likelihood of continued progress; and (c) demonstrated and documented progress is being made to implement an adequate transition plan to regular staffing and there is clinical rationale for any

	recommended changes in the transition plan or anticipated transition date.
Continued Stay Review	If continued authorization is requested, a new ENA request form must be completed prior to the end of the authorization period with: (a) an updated behavior assessment; (b) a description of the behavior problems with new goals and objectives; and (c) dates and frequency of behavior problems. If the information on the ENA request form is incomplete, the service will not be authorized. The clinical reviewer will complete the review for continued stay upon receipt of complete information as described above and take one of the following actions: (a) Request additional information as needed to complete the review, the provider must submit the requested information before an authorization can be issued. (d) Authorize the request and generate notification to all appropriate parties if the request meets the criteria. medical necessity criteria.
Required Forms	Authorization Request form (Extraordinary Needs Aide)
Additional Information	Not applicable.

Chapter 4 - Determinations

Upon completion of either the prior authorization or the continued stay review, one of the determinations below will be applied. To correct any information provided to the Department or its designee, the provider must fax the correction on the Corrections to Youth Information form to the Department or its designee.

Authorization

An authorization determination indicates that the utilization review resulted in approval of all provider requested services and/or services units, and an authorization number is issued.

Pending Authorization

This determination indicates the clinical reviewer or psychiatrist has requested additional information from the provider.

Denial

Denial means that the request for authorization of payment does not meet the applicable criteria to justify Medicaid payment for the service requested. Adverse determinations may be appealed according to the reconsideration and/or appeal processes.

A psychiatrist is the only party qualified who may issue a denial for:
(a) Psychiatric Residential Treatment Facilities; and
(b) Psychiatric Residential Treatment Facilities - AS.

A denial may be issued with additional days authorized for payment, specifically:
(a) denying a prior authorization request with "*approval for less than requested days*" for specific clinical reasons; OR
(b) denying a continued stay authorization request with "*approval for additional days to complete discharge planning.*"

Technical Denial

A technical denial means the adverse determination is based on procedural issues and not on medical necessity. A technical denial may be appealed directly to the CMHB with a request for administrative review within thirty (30) days of the notification date for providers and within 90 days for parents/legal representative/authorized representative. Technical denials can be overturned by CMHB only for the reasons listed in administrative rule.

If a technical denial is issued for submission of information outside the allowable timeframes, a provider may submit a new prior authorization request to the Department or its designee. Requesting a new prior authorization after a technical denial does not waive the right to request an administrative review of the technical denial.

A new prior authorization request may not be back dated and must provide sufficient clinical information to support an authorization. If the new prior authorization request is approved, the provider may request an administrative review of the unauthorized days.

Reconsideration Review Process for PRTF Services

A reconsideration review provides the parents/legal representatives, authorized representative, or the provider an opportunity for further clinical review if they believe there has been an adverse action regarding a denial determination for the following services:
(a) Psychiatric Residential Treatment Facilities; and
(b) Psychiatric Residential Treatment Facilities - AS.

There are two types of reconsideration reviews:
Peer-to-Peer: A Peer-to-Peer Review is a telephonic review between an advocating clinician, chosen by either the parents/legal representative or the authorized representative, and the physician reviewer who rendered the adverse determination.
1. The Peer-to-Peer Review is based upon the original clinical documentation and may consider clarification or updates.
2. The Peer-to-Peer Review must be:
(a) requested within 10 business days of the adverse determination date; and
(b) scheduled by the physician reviewer within five business days of the request.

Desk Review: A Desk Review may be requested in lieu of a Peer-to-Peer review or to provide a second opinion if the Peer-to-Peer Review results in an adverse determination. It must be provided by a licensed psychiatrist who did not issue the initial or a Peer-to-Peer determination.
1. The Desk Review is based upon the original clinical documentation and any additional supporting documentation.
2. The Desk Review must be:
(a) requested within 15 days of the most recent adverse determination date; and
(b) performed by the physician within five business days of the written request and supporting documentation.

The parents/legal representative, authorized representative, or provider must submit a written request to the Department' designee for this reconsideration review that states which review is being requested and naming an advocating physician. Further instructions pertaining to how to request a review are located in the determination letter sent by the Department or its designee. At any time during this review process a new prior authorization request may be submitted to provide additional clinical information and to begin an updated request for determination.
If new clinical information becomes available after a denial of a reconsideration review for services which are prior authorized by the Department's designee, a provider may submit a new prior authorization to the Department's designee, based on the new clinical information.

Chapter 5 - The Appeal Process

Administrative Review/Fair Hearing

Administrative Review

An administrative review is completed on all fair hearing requests. The purpose of an administrative review is to resolve the dispute and avoid an unnecessary hearing. The parent, legal representative, or authorized representative may request the hearing be held if the adverse action or determination is not modified. Requests for administrative reviews should be submitted in writing, with sufficient documentation to show all previous efforts to resolve the problem.

***For the parent/legal representative or his or her authorized representative*:**
Once the Office of Fair Hearings (OFH) receives a request for a fair hearing, they will notify the CMHB of the request for a fair hearing. The CMHB will be given 20 days in which to conduct and complete an administrative review of the matter and submit a written response to the OFH about whether the matter is resolved.

For the Provider (not acting as an authorized representative):
A provider, not acting as an authorized representative, may request an administrative review/fair hearing for adverse actions as described in ARM 37.5.304. A request for an administrative review is required before the provider can request a fair hearing. The CMHB has 60 days in which to complete the administrative review and render a decision. A fair hearing is the second phase of the formal appeal process. If the provider is not satisfied with CMHB's decision following the administrative review, the provider may submit a written request for a fair hearing to the OFH not later than the 30th calendar day following the date of mailing of the Department's written administrative review determination.

Claims Denial

Prior to requesting an administrative review for denied claims, all administrative remedies available must be exhausted. For denied claims, those remedies may include:

(a) researching the denial codes;
(b) correcting errors and omissions; and
(c) resubmitting the claims.

Assistance for providers with claims problems is available through the state's fiscal agent's provider relations program by calling (800) 624-3858 (in/out of state), (406)442-1837 (Helena). If the fiscal agent is unable to assist the provider, the program officer in the CMHB responsible for the service affected may be contacted.

There are two time frames that govern the administrative review/fair hearing process:

1. *For the parent/legal representative or his or her authorized representative:*

(a) The request for a fair hearing must be received in writing by the Office of Fair Hearings within 90 days from the mailing date of the notice of adverse determination or adverse action.

(b) The Office of Fair Hearings has 90 days from the receipt of the request to complete the fair hearing and render a decision.

If the request is submitted by an authorized representative, the written authorization required under ARM 37.5.304(2) must be attached to the request for a fair hearing. Requests are mailed to:

The Office of Fair Hearings
P.O. Box 202953
Helena, MT 59620-2953

2. *For the Provider* (not acting as an authorized representative):

(a) The provider must submit a request in writing for an administrative review to the Children's Mental Health Bureau (CMHB) clinical team **within 30 days** from the mailing date of the notice of adverse determination or adverse action.

(b) The CMHB must conduct and complete an administrative review **no later than 60 days** following receipt of the written request and mail a written determination to the provider.

(c) After receipt of the administrative review determination, the provider may submit a written request for a fair hearing to the Office Fair Hearings which must be received **no later than the 30th day from the mailing date** of the CMHB's written administrative review determination.

(d) CMHB must complete the administrative review process before the provider is entitled to a fair hearing.

(e) The Office of Fair Hearings will mail a written decision **within 90 calendar days** of the final submission of the matter to the hearings officer.

Fair Hearing

The fair hearing is conducted by the Office of Fair Hearings in the Department of Public Health and Human Services. Complete information about a fair hearing is found in administrative rule at Title 37, chapter 5.

Chapter 6 - Reviews

Retrospective Reviews

The Department or its designee may perform retrospective clinical record reviews for two purposes:

(a) to determine necessity of a provided service; or

(b) as requested by the provider to establish the medical necessity for payment when the youth has become Medicaid eligible retroactively or the provider has not enrolled in Montana Medicaid prior to the admission of the youth.

Retrospective reviews may be used to verify any of the following:

(a) there is sufficient evidence of medical necessity for payment;

(b) the patient is receiving active and appropriate treatment consistent with standards of practice for the diagnosis, age and circumstances of the youth; or

(c) the criteria for having a serious emotional disturbance (SED) have been met.

Retrospective Reviews requested by the Department

The Department or its designee will notify the provider by letter of the following;

(a) the purpose of the review; and

(c) if records are requested, what records are required and the specific time period within which the full medical record is due to the Department or its designee.

Retrospective Reviews requested by the Provider

A provider may request a retrospective review when the youth becomes Medicaid eligible after the admission to the facility or program or when the provider has not enrolled in Montana Medicaid prior to the admission of the youth:

(a) within 14 days after Montana Medicaid is established prior to the discharge of the youth.

(b) within 90 days after Montana Medicaid is established after the youth has discharged.

For a retrospective review:

(a) PRTF providers must submit a CON/PA request to the department's designee.

(b) TGH and HSS providers must have documentation in the file of the youth for the initial stay timeframes that establishes the medical necessity for payment. For a retrospective review after the initial stay timeframe, a provider may request a retrospective review of the continued stay request to the department.

Quality Audit Reviews

The Department or its designee may perform quality audit reviews at its discretion.

Sanctions

The Department or its designee will provide written notification of deficiencies identified and may require a corrective action plan based on review recommendations. If the provider fails to correct the deficiencies identified in the written notification, the Department may impose sanctions pursuant to ARM 37.85.501(s). The administrative rules which govern Medicaid provider sanctions are located in the Administrative Rules of Montana, Title 37, chapter 85, subchapter 5.

Chapter 7 - Notifications

Following a review process, the Department or its designee will send a letter with the determination to the parent, legal representative, or authorized representative, and the provider. The letter will contain the rationale for the determination and provide information about the right to a fair hearing.

Formal Notification

Formal notification is given the parent/legal representative and/or the provider, via the U.S. Postal Service, and fax.

Notification for technical denials will include:
(a) dates of service that are denied a payment recommendation because of non-compliance with protocol;
(b) reference to applicable regulations governing the review process;
(c) an explanation of the right to request an administrative review/fair hearing; and
(d) address and fax number of CMHB to request an administrative review.

Notification for clinical denial determination will include:
(a) dates of service that are denied payment because the services requested did not conform with professional standards, lacked medical necessity based on the criteria , or were provided in an inappropriate setting;
(b) case specific denial rationale;
(c) date of notice of the denial determination, which is the mailing date or the date of the confirmed FAX transmission;
(d) an explanation of the right to request a reconsideration review, and/or an administrative review/fair hearing;
(e) address and fax number of the Department or its designee to request a reconsideration review; and
(f) address and fax number of CMHB to request an administrative review.

Both the provider and the parent/legal representative have the right to appeal an adverse determination using the appeal processes outlined in Chapter 5.

Confidentiality

It is the policy of the Department of Public Health and Human Services to comply with all applicable requirements of the Health Insurance Portability and Accountability Act (HIPAA). Information is exchanged in accordance with all applicable federal and state laws and regulations, as well as with the ethical and professional standards of the professions involved in conducting utilization management (UM) activities. These confidentiality policies govern all forms of information about beneficiaries, including written records, electronic records, facsimile mail, and electronic mail. The above-described policy is applied to all aspects of the UM process.